

Alternative Connections Program

FY2006 Final Report

Deadline: 30 days after the completion of the grant period

1. Grant Number:	_____	Fiscal Year:	2006
2. Grantee's Name	_____		
3. Mailing Address	_____		
4. City	_____	5. State	_____
6. Zip+4	_____		
7. County	_____	8. FEIN #	_____
9. Phone Number	_____	10. Fax Number	_____
11. Email Address	_____		
12. Contact Person for this report	_____		
13. Phone Number	_____	14. Fax Number	_____
15. Email Address	_____		
16. Activity Dates	Begin: _____	End:	_____
17. Number of individuals who benefited from this grant	Youth _____	Adult	_____
18. Dollar amount spent on arts education in FY2006	\$ _____		
19. Number of artists who participated in this activity	_____		
20. Name of artist(s) doing residency	_____		
21. What counties were served?	_____		
23. If professional development was provided, how many hours of professional development were provided to how many teachers?	Hours _____	Teachers	_____

As you reach the conclusion of your Youth Center Initiated Program funding period for FY2006, please respond to the following series of self-assessment questions, on a maximum of two pages, placing your school's name in the top right hand corner of the page.

1. Impact/Evidence

Describe the impact of this project and provide supporting evidence (*Note: Evidence may include samples of student work, student responses, quantitative participation data, etc.*)

- How did the project engage students in the hands-on creation of art?
- How did the project engage staff, parents and teachers in the creative process?

- How did the project help staff and parents learn to use the arts to support student learning?
- How did the project lay the foundation for future work?

2. Credit:

How did you satisfy the Kentucky Arts Council credit requirement? If applicable, attach copies of programs, newsletters, web site links, etc. containing the KAC credit line.

Mailing Address for Final Report

Kentucky Arts Council
21st Floor, Capitol Plaza Tower
500 Mero Street
Frankfort, KY 40601-1987
502-564-3757

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature _____ Date _____

All signatures must be in RED ink.

Type Name _____ Title _____